

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 67

STATE FILE NUMBER

63-046831

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY **Warren**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Warrenton**

Length of stay in 1b
3 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Katie Jane Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Charles**

c. CITY OR TOWN **St. Charles**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
614 S. 4th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Frederick** Middle **W** Last **Schaal**

4. DATE OF DEATH

Month **Dec** Day **11** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct 22, 1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired forman shoe Co. Int. shoe

10b. KIND OF BUSINESS OR INDUSTRY

St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman Schaal

13b. MOTHER'S MAIDEN NAME

Molly Meier

14. NAME OF HUSBAND OR WIFE

Anna Stiegemeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Anna Stiegemeier 614 S. 4th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Recurrent CVA

INTERVAL BETWEEN ONSET AND DEATH
unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis with arteriosclerotic heart disease

DUE TO (c)

Congestive failure

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11-8-63**

2:15 A.

to **12-1-63**

and last saw him alive on **11-29-63**

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

Warrenton, Missouri

22c. DATE SIGNED

12-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Ded. 4, 1963

23c. NAME OF CEMETERY OR CREMATOR

St. John

23d. LOCATION (City, town, or county)

St. Charles

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Arthur Baue

St. Charles

25. DATE RECD. BY LOCAL REG.

Dec. 4, 1963

26. REGISTRAR'S SIGNATURE

Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1090

2 092X

3

4 0

5 1

6

7 0

8 2

9 331X

10

11

12 90-0

13 10

DEC 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.